

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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**PARTI LOBBYIST** NAME (Last) (Middle) **TELEPHONE** (First) Carmille Louise 808-275-6275 Lim A. MAILING ADDRESS (Street) FAX P.O. Box 22703 clim@commoncause.org (City) (State) (Zip Code) Honolulu HI 96823 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** Common Cause MAILING ADDRESS (Street) FAX **EMAIL** (Zip Code) (City) (State)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU	TELEPHONE 202-833-1200 FAX	
Common Cause		
MAILING ADDRESS (Street)		
1133 19th Street, NW 9th Floor		EMAIL
(City)	(State)	(Zip Code)
Washington	DC	20036
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Carmille Lim		808-275-6275
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(City)	(State)	(Zip Code)
Honolulu	HI	96823

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Agriculture	<del></del>				
Communications & Finance   Intergovernmental Relations.   Tourism & Recret Public Utilities   V. Government Operation & Intergovernmental Relations.   Tourism & Recret Public Utilities   Tourism & Recret Public Services   Transportation	PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOB	<u>BY</u>	
Public Utilities Finance International Affairs Internation & Explorer International Affairs International Affairs International & Explorer International & Exp	Agriculture	Education	Human Services	<ul><li>Science. Technology &amp; Economic Development</li></ul>	
Commerce Hawaiian Artairs Labor & Employment Iransportation  Culture. Arts, Historic Preservation Health Professional Planning, Land & Water Use Management White, Campus Ecology, Energy Environmental Protection Housing Public Safety & Corrections White, Campus Ethics  PART IV CERTIFICATION OF LOBBYIST  I hereby certify that the information furnished above is, to the best of my knowledge, correct and company (Signature of Lobbyist)  (Signature of Lobbyist)  PART V AUTHORIZATION TO LOBBY  NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPROPERSON REPROPERSON REPROPERSON (State)  NAME OF ORGANIZATION (if applicable)  Common Cause  MAILING ADDRESS (Street)  1005 12th Street, Suite C  (City) (State)  CA 95814		_		C Tourism & Recreation	
Preservation — Health Use Management		Hawaiian Affairs	Labor & Employment	Transportation	
PART IV CERTIFICATION OF LOBBYIST  I hereby certify that the information furnished above is. to the best of my knowledge, correct and company (Signature of Lobbyist)  PART V AUTHORIZATION TO LOBBY  NAME  TITLE OF AUTHORIZING OFFICER OR PERSON REPROPERSON REPROPERSON REPROPERSON (Factoring and Company of Com		Health		Other: (indicate below)	
I hereby certify that the information furnished above is. to the best of my knowledge, correct and company of the correct and correc		Housing	Public Safety & Corrections		
I hereby certify that the information furnished above is. to the best of my knowledge, correct and company of the correct and correc					
(Signature of Lobbyist)  (Signature of Lobbyist)  (Date)  PART V AUTHORIZATION TO LOBBY  NAME  Derek Cressman  Vice President of State Operations  NAME OF ORGANIZATION (if applicable)  Common Cause  MAILING ADDRESS (Street)  1005 12th Street, Suite C  (City)  (State)  (City)  (State)  CA  95814					
(Signature of Lobbyist)  PART V AUTHORIZATION TO LOBBY  NAME  Derek Cressman  NAME OF ORGANIZATION (if applicable)  Common Cause  MAILING ADDRESS (Street)  1005 12th Street, Suite C  (City)  (State)  CA  (Date)  TITLE OF AUTHORIZING OFFICER OR PERSON REPR  Vice President of State Operations  TELEPHONE  916-538-4564  EMAIL dcressman@commoncaus  (Zip Code)  Sacramento  CA  95814	I hereby certify that th	ne information furnished abov	e is, to the best of my knowle	edge, correct and complete.	
PART V AUTHORIZATION TO LOBBY  NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPR  Derek Cressman Vice President of State Operations  NAME OF ORGANIZATION (if applicable) TELEPHONE  Common Cause 916-538-4564  MAILING ADDRESS (Street) FAX  1005 12th Street, Suite C EMAIL  (City) (State) (Zip Code)  Sacramento CA 95814	CAM Am	Jan. 14, 2013			
Derek Cressman  NAME OF ORGANIZATION (if applicable)  Common Cause  MAILING ADDRESS (Street)  1005 12th Street, Suite C  (City)  Sacramento  TITLE OF AUTHORIZING OFFICER OR PERSON REPROPERSON REPROP	a v	(Signature of Lobbyist) (Date)			
Derek Cressman  NAME OF ORGANIZATION (if applicable)  Common Cause  MAILING ADDRESS (Street)  1005 12th Street, Suite C  (City)  Sacramento  TITLE OF AUTHORIZING OFFICER OR PERSON REPROPERSON REPROP					
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Common Cause         916-538-4564           MAILING ADDRESS (Street)         FAX           1005 12th Street, Suite C         EMAIL dcressman@commoncaus           (City)         (State)         (Zip Code)           Sacramento         CA         95814	Derek Cressman	Vice President of State Operations			
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(City)         (State)         (Zip Code)           Sacramento         CA         95814	MAILING ADDRESS (Street)			FAX	
Sacramento CA 95814	1005 12th Street, Suite C			EMAIL dcressman@commoncause.org	
	(City)	(State)	——————————————————————————————————————	(Zip Code)	
Thereby authorize the above - named person to engage in lobbying activities on behalf of the under	Sacramento	CA		95814	
(Signature of Authorizing Officer or Person Represented)	Jew Cr			18/2012	

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